

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Highfield House
Centre ID:	OSV-0002669
Centre county:	Longford
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	RehabCare
Provider Nominee:	Michael O'Connor
Lead inspector:	Ann-Marie O'Neill
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 16 February 2017 10:00 To: 16 February 2017 19:30

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection

This was the third inspection of this designated centre. The centre had previously been inspected in 2014 and 2015. The purpose of this unannounced inspection was to assess the centre's compliance with the regulations and standards as part of the Health Information and Quality Authority's (HIQA) continuous regulatory monitoring for all designated centres.

Description of the Service

The designated centre is part of the RehabCare Group, a national organisation which provides a range of services to people with varying degrees of disability. The ethos of the designated centre as outlined in the centre's statement of purpose and function is to provide individuals with a safe home-from-home environment, whilst promoting a service user driven service'.

Residents attend day services provided by the organisation or an alternative day service, from 9:30am to 16:30pm Monday to Friday. This service provides residential services to residents requiring support with Autism spectrum Disorder, six service users are accommodated, four on a permanent basis and two on a shared care basis. Five residents were present on the day of inspection.

How we gathered evidence

Over the course of this inspection the inspector met and spoke with four of the five residents in the centre on the day of the inspection. Residents were unable to tell the inspector about their views of the quality of the service but the inspector observed interactions with staff and residents. A number of staff were met with and documents reviewed included: personal plans, restrictive practices, behaviour support planning, engineer reports for the premises, fire containment and evacuation procedures in the centre.

Overall judgment of our findings

Overall the inspector found residents were experiencing a good quality service but there were areas that required improvement.

There were some issues with regards to the premises of this designated centre which required addressing by the provider. An engineer's report and numerous emails by the regional manager and person in charge to the management company that owned the premises, evidenced these issues were ongoing for a substantial period of time.

Some issues that required timely addressing included addressing the cause of periodic flooding in the centre which had resulted in damage to the wooden flooring and skirting boards in some parts of the centre. Some trip and slip hazards also required addressing, windows in the premises needed repair or replacement and a lack of thermostatic temperature controls presented as a risk for scalds.

The inspector however, did find that there were comprehensive measures in place for the review and management of behaviours that challenge and restrictive practices. Medication management was found to be appropriate and personal planning for residents was comprehensive. Staff working in the centre were observed to be caring and attentive to residents' needs during the inspection.

The Action Plan at the end of the report identifies areas where improvements are needed to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013 (as amended) and the National Standards for Residential Services for Children and Adults with Disabilities.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The care and support provided to residents was consistently and sufficiently assessed and reviewed. Personal plans comprehensively reflected residents' assessed needs and wishes.

The inspector reviewed a selection of personal plans which were comprehensive, personalised, detailed and reflected residents' specific requirements in relation to their social care and activities that were meaningful to them. An assessment of need had been carried out for residents and ongoing monitoring of residents' needs was evident.

Residents' assessment of needs included communication, health care, educational, leisure time activities, general likes and dislikes, nutrition and food preferences, intimate care and personal hygiene, independent living skills, social skills, and behaviour assessments.

Personal plans also contained information records such as personal risk assessments, support plans, daily reports, allied health professional recommendations and appointment updates and medication management assessments. The person in charge informed the inspector that the organisation, Rehabcare, were in the process of developing an assessment of need framework to make the assessment process more standardised across all centres.

Residents had identified goals both long term and short term which had been discussed with them and agreed at their personal planning meetings. Some goals achieved by residents included supporting a resident to go shopping in Fermanagh and have lunch,

this had occurred, another goal was to attend various day trips such as a visit to Sligo Beach, visit the Japanese gardens and go to a pet farm due to the residents' love of animals.

There was also evidence of goal planning for the coming year, some goals identified included going to the zoo, attending a pet farm again, a night away in a hotel and shopping trips. Each goal had a specific action plan and timeline for the goals to be achieved.

While residents' personal planning was comprehensive, it was located across multiple folders up to 10 different colour coded folders for each resident were in use at the time of inspection. While this personal planning process is not in contravention of the regulations the inspector did note staff feedback was that they found the amount of paperwork involved in managing residents' personal planning time consuming.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The centre was accessible and suitable for the number of residents living there. However, there had been a number of instances where the centre had flooded resulting in damage to the floors in parts of the centre and rotting of skirting boards in some parts. There were also other premises issues which had been identified in an engineer's report, dated February 2016, as requiring a suite of works to be carried out. However at the time of inspection none of these works had been completed.

The centre comprised of one detached large two storey building. One part of the building was the designated centre and another part of the building was used as a day service during the day. Residents living in the centre could use this area in the evening times and weekends.

All residents living in the centre had their own bedroom. Bedrooms were adequately proportioned to accommodate residents' personal belongings with adequate sleeping arrangements.

Residents were encouraged to decorate their home and bedrooms to their own taste. Bedrooms were personalised with photographs of family and friends, personal memorabilia and paintings. A sensory room was also available for residents to use in the evenings and weekends.

There were an adequate number of showers and toilets in the centre. Suitable equipment was available which made the centre accessible to all residents. There were some risk issues relating to the showers in the centre. This is further discussed in Outcome 7, Health and Safety and Risk Management.

Communal spaces were comfortable living rooms with varying seating options. The external premises were pleasantly landscaped.

Laundry facilities were provided and residents were encouraged to do their own laundry with support from staff where necessary. Residents' clothes could be dried inside or outside.

A good standard of cleanliness was noted throughout. A cleaning schedule was in place to ensure high standards were maintained.

The facilities were consistent with those described in the centre's statement of purpose and resident's guide. However, there were a number of issues that required addressing.

On the day of inspection the inspector noted skirting boards in the downstairs toilet were rotted and there was evidence of water damage to the flooring around the sink. There had been previous instances where the centre had flooded in some parts. This had not resulted in residents requiring to be evacuated but, had caused damage to the wooden flooring in the centre resulting in a trip hazard which required the wooden floor to be sanded down.

The wooden floors in the ground floor of the centre presented as worn and unsightly in many parts. This was due to wear and tear and previous water damage. This issue had also been noted on a previous inspection of the centre in 2015.

Some windows appeared warped and had gaps which made the premises drafty and cold in some parts. The sewage facility for the centre had also been identified as requiring upgrading and review due to previously overflowing.

An engineer's report for the premises had been carried out in February 2016 which identified a suite of premises issues that required addressing however, at the time of inspection, one year later, none of these works had been completed.

The provider was required to address these works to ensure residents' home, the designated centre, was safe and suitable for them to live in.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The health and safety of residents, visitors and staff was not adequately promoted in the centre in all areas. Fire containment and management procedures were in place and regularly reviewed and infection control measures met the needs of residents and suited the purpose and function of the centre. Actions from the previous inspection had been completed. However, the inspector observed a significant slip hazard on the day of inspection. Some other environmental risks had not been adequately addressed by the provider.

The risk management policy met the requirements of the Regulations but was not implemented effectively throughout the centre. The risk management policy covered the matters set out in Regulation 26 including identification and management of risks, the measures in place to control identified risks and arrangements for identification, recording, investigation and learning from serious incidents. However, as set out in the opening paragraph, there were some risks and hazards that had not been addressed by the provider despite being assessed as risks and hazards by the person in charge.

Hazards were identified with control measures in place for most identified. However, the provider had not addressed some of the hazards identified. These related to slip and trip hazards in the premises. The inspector observed a significant slip hazard on the morning of the inspection due to a wet floor in the downstairs toilet of the centre.

Other risk and hazard issues in the centre included a lack of thermostatic control measures in wash hand basins and shower units in the centre. Given that residents living in the centre required full assistance when engaging in personal hygiene this risk could only be controlled by a member of staff adjusting the temperature of water in the sinks or showers for residents before they could use them.

A trip hazard also presented external to the premises. A manhole cover was not flush with the finished tarmac surface adjacent to the side entrance door of the premises. This presented as a trip hazard to residents, staff and visitors to the centre.

The provider was required to address all risks and hazards as identified in the risk register and other relevant health and safety reports for the centre to ensure residents, staff and visitors to the centre were not exposed to unnecessary risks which could pose risk of injury.

Personal risks relevant to each resident had been identified and were maintained in their personal plans with control measures in place.

Fire policies and procedures were centre-specific and up to date. The inspector observed that there were fire evacuation notices and fire plans displayed in the centre. The fire and smoke detection system had received quarterly servicing which was up-to-date. Fire extinguishers were located throughout the centre and fire blankets were also available. Emergency lighting was located at specific points in the centre and serviced on a quarterly basis.

All fire escape route doors had a thumb turn system which provided easy and prompt exit from the centre without the necessity for a key. This also provided residents with a system which they could easily evacuate independently if necessary.

The inspector noted the presence of smoke seals on a sample of doors reviewed on inspection. All doors in the premises appeared to be heavy set fire compliant doors. This promoted good fire and smoke containment measures in the centre.

Individual personal evacuation management plans were documented for some residents and implemented as part of fire drills in each residential unit. However, the inspector identified that they did not provide enough detail to reflect the measures staff actually implemented during fire drills. The person in charge undertook to update the evacuation plans before the close of inspection.

Regular fire drills took place and records reviewed by the inspector confirmed that they were undertaken approximately once a quarter. The response of residents during fire drills was documented and also the length of time the drills took.

There was a policy on infection control available. Cleaning schedules were in place and these were to be completed by staff on an on-going basis. Hand wash and drying facilities were available to promote good hand hygiene in each residential unit of the centre. Colour coded mops and buckets were designated to clean specific areas in the centre to prevent cross contamination of surfaces.

Safe and appropriate practices in relation to manual handling were in place. All staff had attended training and refresher training.

Judgment:

Non Compliant - Major

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There were appropriate measures in place to protect residents being from experiencing abuse, measures in place also ensured staff working in the centre understood appropriate procedures for the response to allegations of abuse and detection of signs of abuse. Management of behaviours that challenge was comprehensive and review and management of restrictive practices in the centre were comprehensive.

There was a policy which guided staff on the prevention, detection and response to abuse. All staff had received training in procedures aligned with this policy. Staff spoken with and the person in charge outlined the procedures they would follow should there be an allegation of abuse.

Prior to the inspection the Chief Inspector had received a significant number of notifications relating to peer-to-peer incidents whereby residents had experienced assaults from their peer. To manage this person in charge and behaviour support specialist for the service, had created behaviour support planning interventions within a positive behaviour support framework to support the resident. At the time of inspection the number of incidents had reduced greatly. Relevant safeguarding officers had been notified of these incidents as required.

However, the person in charge did convey her concerns to the inspector that the plan in place may not entirely address the issue for the resident as the identified trigger to their behaviours that challenge had not been fully addressed. The provider and person in charge were required to address this issue if it arose again.

There were some restrictive practices in use at the time of inspection. However, those that were in place were deemed necessary to protect residents due to the presentation of some residents' behaviours that challenge which could cause serious injury to them and/or others. Some residents presented with difficulties in managing aspects of their lives and required restrictions in certain areas, for example some presses in the kitchen were locked to restrict residents' access to certain dry goods which they may ingest causing them harm. Other restrictions in place were required to ensure residents could be transported safely.

The person in charge and staff proactively worked to support residents to participate as fully as possible in their community which sometimes entailed the person in charge and staff carrying out some risk control measures prior to residents' going on community activities. This was evidence of proactive management and risk prevention by the team of staff supporting residents.

A restraint register was maintained in the centre and all restrictions in use were

documented and reviewed on a regular basis. Residents' family members were communicated with and involved in all reviews of restrictive practices pertaining to their relative. All restrictions in use were implemented within a positive behaviour support framework and as a last resort.

Where chemical restraint was in use it was used as part of a positive behaviour support reactive strategy with specific criteria for its use and ongoing review by the person in charge, prescribing physician and behaviour support specialist.

Judgment:

Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector reviewed a sample of health care plans for residents living in the centre and found they were supported to have their health needs met. Identification and ongoing review of residents' nutritional risk required some improvements to make them comprehensive and to guide staff practice.

Residents were supported to access health care services relevant to their needs. Residents each had their own general practitioner (GP). Residents also used primary care services to access the supports of allied health professionals such as dietitians, speech and language therapists (SALT), physiotherapy, psychiatry services and occupational therapy. They were supported by staff and/or family members to attend appointments and undergo necessary interventions, for example, blood tests or hospital appointments.

Residents had the choice to eat out, order in takeaway or prepare meals in the centre as they wished. Fresh and frozen foods were in good supply in the centre. Staff kept a record of the food choices offered to residents and if they liked or disliked them. This information formed the decision making around what menu choices were for residents each day/week.

Some residents required a modified consistency diet. Appropriate support planning was in place for residents with this requirement and speech and language and dietetic allied health professionals were involved with the review and developing of support interventions for residents with this requirement. Residents requiring a modified diet

received meals similar to their peers that were home cooked with fresh and frozen ingredients.

Residents' weights were monitored and reviewed as part of their general checkups with their GPs. Some residents required specific supports to ensure they maintained a healthy weight. While residents had received a weight check their body mass index (BMI) or nutritional risk assessment had not been calculated to ascertain if they were at risk of malnutrition or if the dietetic plan in place adequately supported them.

Judgment:

Substantially Compliant

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Overall, residents were protected by the centre's policies and procedures for medication management.

Residents' medications were stored securely in the centre. Residents had been assessed as not able to independently take their own medications.

Staff involved in the administration of medications had attended safe administration of medication training. Staff who spoke to the inspector were knowledgeable about the residents' medications and demonstrated an understanding of appropriate medication management and adherence to professional guidelines and regulatory requirements when observed by the inspector during the inspection.

Medication administration charts reviewed were clear and distinguished between PRN (as required), short-term and regular medication. There were no controlled drugs in use at the time of this inspection.

Medications were dispensed from a local pharmacy in blister packs. A clear description of each medication was provided to ensure that staff could recognise the correct medication to be administered. PRN (as required) medications were also stored in blister packaging to reduce the risk of medication errors and excessive handling of medications which was evidence of infection control management.

Medication was counted and logged when received into the centre and when transferred

with a resident during a home visit or if they were going on holiday. This would identify any discrepancies should they occur.

There were also appropriate systems in place for the management and investigation of medication errors and also for the management of out-of-date or spoiled medications.

Judgment:

Compliant

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The provider was required to submit an up-to-date statement of purpose to the Chief Inspector.

Judgment:

Substantially Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There was evidence to indicate that the quality of care and experience of the residents

living in the centre would be monitored on an ongoing basis. A competent and knowledgeable person in charge had been appointed to manage the centre. Management systems in place to support and promote the delivery of safe, quality care services in accordance with the statement of purpose required some improvement.

The inspector found that the person in charge was a suitably qualified, skilled and experienced. She was knowledgeable about the requirements of the regulations and standards and had knowledge of the support needs and person centred plans for residents.

There was a clearly defined management structure that identified the lines of authority and accountability. The person in charge was supported in her role by two team leaders (persons participating in management (PPIM) and the regional area manager who had responsibility for oversight of a number of designated centres in the area.

Arrangements were in place for a person nominated on behalf of the provider to carry out an unannounced visit on a six monthly basis to review the safety and quality of care and support provided in the centre. The inspector reviewed the unannounced visits and the annual review of the centre. This auditing system was however, not entirely effective in improving the quality of care and experience of residents living in the centre as a number of premises related risks and issues had not been addressed at the time of inspection despite being identified in February 2016.

Judgment:

Non Compliant - Moderate

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Staff working in the centre were supported to meet their continuous professional development needs in order to meet the needs of residents. Staff working in the centre had been appropriately vetted.

There was a planned and actual rota in place. There were two staff available in the centre in the morning and evenings. One waking night staff were on duty at night. The

person in charge informed the inspector that extra staffing resources could be allocated to the centre if residents wished to go out in the evening or to attend appointments and to accommodate the needs of residents attending the centre on a shared basis arrangement. The inspector noted that this arrangement was in place on this unannounced inspection.

The person in charge and team leaders implemented an ongoing supervision and support meeting schedule with all staff. Copies of staff supervision meetings were available for the inspector to review during the inspection.

There were no volunteers working in the centre at the time of inspection.

Staff personnel files were not reviewed as part of this inspection however, the inspector did request copies of all staffs' Garda vetting. These were made available to the inspector during the course of the inspection. All staff had received vetting.

Key training and refresher training was available to staff and a staff training schedule for the year was available for the person in charge and for the inspector to review. The person in charge informed the inspector that this system was being revised and improvements would make the system more efficient and user friendly for all staff.

Staff working in the centre had received training in key mandatory training such as manual handling, safeguarding vulnerable adults, fire safety training, medication management, management of potential and actual aggression, occupational first aid and risk assessment.

Judgment:
Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Ann-Marie O'Neill
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by RehabCare
Centre ID:	OSV-0002669
Date of Inspection:	16 February 2017
Date of response:	15 March 2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The provider was required to address the works identified in an engineer's report dated February 2016 to ensure the residents' home, the designated centre, was safe and suitable for them to live in.

1. Action Required:

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

Please state the actions you have taken or are planning to take:

The following works commenced on March 14th:

- Thermostats on taps
- Repairing a pipe in downstairs bathroom
- Replacing a manual shower
- Triton safeguard and placing an alarm on the external septic tank.

Once these works are complete warped windows and uneven floor surfaces will be replaced.

Proposed Timescale: 12/05/2017

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The provider was required to address all risks and hazards as identified in the risk register and other relevant health and safety reports for the centre to ensure residents, staff and visitors to the centre were not exposed to unnecessary risks which could pose risk of injury.

2. Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

Please state the actions you have taken or are planning to take:

- In future the PIC will deploy the organisation's risk escalation process as per the Risk Management Framework to enable the escalation of unacceptable risk to senior operational staff in the organisation. The Risk Management Framework facilitates the escalation of risks that cannot be adequately addressed at local level to the Regional Manager for discussion at the regional meetings with managers of other services in the region. Should the risk not be adequately addressed in this forum the Regional Manager will then escalate the risk to the Operations (national level) meeting for advice/direction. The Operations meeting has access to the national Risk Register.
- The organisation is actively looking at deploying additional resources to support the work of the property department, this includes the recruitment of additional staff to the Department.

Proposed Timescale: 30/04/2017

Outcome 11. Healthcare Needs

Theme: Health and Development

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

While residents had received a weight check their body mass index (BMI) or nutritional risk assessment had not been calculated to ascertain if they were at risk of malnutrition or if the dietetic plan in place adequately supported them.

3. Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

Please state the actions you have taken or are planning to take:

The current BMI for each service user has been recorded in their personal file.

The BMI of each service user will be monitored on a quarterly basis.

Proposed Timescale: 17.02.2017 complete

Proposed Timescale: 17/02/2017

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The provider was required to submit an up-to-date statement of purpose to the Chief Inspector.

4. Action Required:

Under Regulation 03 (2) you are required to: Review and, where necessary, revise the statement of purpose at intervals of not less than one year.

Please state the actions you have taken or are planning to take:

- When the management changes with regard to change of PPIM come into effect the required notification will be submitted to the authority and the Statement of Purpose will be updated.
- The floor plans will be added to the Statement of Purpose & Function.

Proposed Timescale: 31/05/2017

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The auditing system was not effective in improving the quality of care and experience of residents living in the centre as a number of premises related risks and issues had not been acted upon despite being identified in February 2016.

5. Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:

- In future the PIC and PPIM will ensure that all hazards are identified on the Monthly Hazard Inspection and on the Regional Managers Annual Health & Safety Audit.
- The unannounced 6 monthly internal audit process will investigate where property related issues have been identified for action, if the appropriate remedial actions have been taken.

Proposed Timescale: 30/04/2017